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BUMED INSTRUCTION 6200.16

From: Chief, Bureau of Medicine and Surgery
To: Ships and Stations Having Medical Department Personnel

Subj: PREVENTION OF LATEX SENSITIZATION AMONG HEALTH CARE WORKERS AND PATIENTS

Ref: (a) National Institute for Occupational Safety and Health, DHHS (NIOSH) Publication No. 97-135, "Preventing Allergic Reactions to Natural Rubber Latex in the Workplace," June 1997 (NOTAL)

Encl: (1) Guidelines for Prevention of Latex Sensitization in the Workplace
(2) Guidelines for Prevention of Latex Allergy and Adverse Reactions to Latex Among Patients
(3) Latex Product Management Guidelines and Substitutes
(4) Sample Latex Allergy Screening Questionnaire

1. Purpose. To provide recommendations, guidelines, and standards based on reference (a), for prevention of latex sensitization.

2. Scope. This instruction applies to Navy medical and dental treatment facilities (MTFs and DTFs) and medical research and development commands. Medical and dental personnel assigned to operational forces are also encouraged to implement these recommendations.

3. Background

a. Latex allergy has increased over the past 10 years, and occurs with relatively high frequency in certain at risk populations, especially health care workers, certain patients, and workers who may be required to use latex products in their day-to-day work environment. Once sensitized, latex-allergic individuals are at risk for potentially life-threatening reactions to latex exposure. Reducing latex exposure to the maximum extent possible minimizes sensitization and development of new latex allergy cases.

b. Persons at risk to latex sensitization may be divided into three broad categories:

(1) Workers in the health care industry (physicians, nurses, dentists, laboratory technicians, etc.).

(2) Workers in other health care support occupations (security personnel, emergency response personnel, housekeepers, food service workers, maintenance personnel, etc.).

(3) Patients in MTFs and DTFs.

c. Enclosure (1) provides guidance for prevention of latex sensitization in the workplace. Enclosure (2) provides guidance for prevention of latex allergy and adverse reactions among patients. Enclosure (3) provides information on latex rubber products and substitutes and a suggested inventory of products that should be used for patients who are sensitized to latex. Enclosure (4) is a sample questionnaire that may be used for screening workers and patients for latex sensitivity.

4. Policy. Latex sensitization prevention will be supported by:

a. Researching alternatives to latex-containing products and substitutions as appropriate.

b. Mandatory education of health care workers and patients.

c. Identifying health care workers and patients at high risk or who are already allergic and taking appropriate precautions.

d. Using nonlatex products (synthetic alternatives) whenever practical. Surgical and exam gloves must be powder free if made of natural latex and have a low content of latex protein allergen (<50 mcg-protein/gram latex).

e. Using appropriate work practices to reduce the chance of reactions to latex.

5. Action. Commanders, commanding officers, and officers in charge shall ensure guidance in this document is considered when developing local policies and instructions for use of latex-containing products.

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Available at:
http://navymedicine.med.navy.mil/instructions/external/external.htm

GUIDELINES FOR PREVENTION OF LATEX SENSITIZATION IN THE WORKPLACE

1. Background. The term "latex" refers to natural rubber latex and includes products made from dry natural rubber. Natural rubber latex is the product manufactured from a milky fluid derived mainly from the rubber tree, *Hevea brasiliensis*. Several chemicals are added to this fluid during processing and manufacture of commercial latex. Some proteins in latex can cause a range of mild to severe allergic reactions. Currently available methods of measurement do not provide easy or consistent identification of allergy causing proteins (antigens) and their concentrations. Until well accepted standardized tests are available, total protein serves as a useful indicator of the exposure of concern. The chemicals added during processing may also cause skin rashes. Several types of synthetic rubber are also referred to as "latex," but these do not release the proteins that cause allergic reactions.

a. Products Containing Latex. A wide variety of health care related products contain latex. Individuals who already have latex allergy should be aware of latex-containing products that may trigger an allergic reaction. Some of the listed products are available in latex-free forms, and the following are examples of products that may contain latex:

(1) Emergency Equipment

(a) Blood pressure cuffs

(b) Stethoscopes

(c) Disposable gloves

(d) Oral and nasal airways

(e) Endotracheal tubes

(f) Tourniquets

(g) Intravenous (IV) tubing

(h) Syringes

(i) Electrode pads

(2) Personal Protective Equipment

(a) Gloves

(b) Surgical masks

(c) Goggles

(d) Respirators

(e) Rubber aprons

(3) Hospital and Dental Supplies

(a) Anesthesia masks/nasal prongs

(b) Catheters

(c) Goggles

(d) Wound drains

(e) Injection ports

(f) Rubber tops of multidose vials

(g) Dental dams

(h) Stethoscope tubing

(i) Bite blocks and bitewing tabs

(j) Prophy angles

(k) Gutta percha

(l) Impression materials

(m) Orthodontic bands

(4) Office Supplies

(a) Rubber bands

(b) Erasers

(5) Other Common Objects

(a) Expandable fabric (waistbands)

(b) Dishwashing gloves

(c) Hot water bottles

(d) Condoms

(e) Diaphragms

(f) Pacifiers

(g) Baby bottle nipples

b. Workplace Exposures. Workers in the health care industry are at risk for developing latex allergy because they use latex gloves frequently. Also at risk are workers with less frequent glove use (laboratory technicians, security personnel, emergency response personnel, housekeepers, food service workers, maintenance personnel, etc.).

2. Types of Reactions to Latex. Types of reactions that can occur in persons using latex products:

a. Irritant Contact Dermatitis. The most common reaction to latex products is irritant contact dermatitis, (not an allergic reaction) the development of dry, itchy, irritated areas on the skin, usually the hands. This reaction is caused by skin irritation from using gloves and possibly by exposure to other workplace products and chemicals. The reaction can also result from repeated hand washing and drying, incomplete hand drying, use of cleaners and sanitizers, and exposure to powders added to the gloves. Irritant contact dermatitis is not a true allergy.

b. Delayed (Type IV) Hypersensitivity. This is the most common allergy from exposure to chemicals added to latex during

harvesting, processing, or manufacturing. These chemicals can cause skin reactions similar to those caused by poison ivy. As with poison ivy, the rash usually begins 6 to 48 hours after contact and may progress to oozing skin blisters or spread away from the area of skin touched by the latex.

c. Immediate (Type I) Hypersensitivity. This is the most serious allergic reaction. Certain proteins in latex may cause sensitization (positive blood or skin test, with or without symptoms). Although the amount of exposure needed to cause sensitization or symptoms is not known, exposures at even very low levels can trigger allergic reactions in some sensitized individuals. Reactions usually begin within minutes of exposure to latex, but they can occur hours later and can produce various symptoms. Mild reactions to latex involve skin redness, hives, or itching. More severe reactions may involve respiratory symptoms such as runny nose, sneezing, itchy eyes, scratchy throat, difficulty in breathing, coughing spells, and wheezing. Rarely, shock may occur; but a life-threatening reaction is seldom the first sign of latex allergy. Such reactions are similar to those seen in some allergic persons after a bee sting. Type I allergic individuals should avoid all contact with latex.

3. Levels and Routes of Exposure. Studies of other allergy causing substances provide evidence showing the higher the overall exposure in a population, the greater the likelihood more individuals will become sensitized. The amount of latex exposure needed to produce sensitization or an allergic reaction is unknown; however, reductions in exposure to latex proteins have been reported to be associated with decreased sensitization and symptoms. The proteins responsible for latex allergies have been shown to fasten to powder used on some latex gloves. When powdered gloves are worn, more latex protein reaches the skin. Also, when gloves are changed, latex protein and powder particles get into the air where they can be inhaled and contact body membranes. In contrast, work areas where only powder free gloves are used show low levels or undetectable amounts of the allergy causing proteins. Wearing latex gloves during episodes of hand dermatitis may increase skin exposure and the risk of developing latex allergy. The risk of progression from skin rash to more serious reactions is unknown. However, a skin rash may be the first sign a worker has become allergic to latex and more serious reactions could occur with continuing exposure.

a. Who is at Risk? Workers with ongoing latex exposure are at risk for developing latex allergy. Such workers include health care workers (physicians, nurses, aides, dentists, dental hygienists, operating room employees, laboratory technicians, and hospital housekeeping personnel) who frequently use latex gloves and other latex containing medical supplies. Workers who use latex gloves less frequently (veterinarians, security personnel, ambulance attendants, funeral home workers, fire fighters, painters, gardeners, food service workers, and housekeeping personnel) may also develop latex allergy. Workers in factories where latex products are manufactured or used can also be affected. Atopic individuals (persons with a tendency to have multiple allergic conditions) are at increased risk for developing latex allergy. Latex allergy is also associated with allergies to certain foods especially avocados, potatoes, bananas, tomatoes, chestnuts, kiwi fruit, and papayas. People with spina bifida are at increased risk for latex allergy.

b. Diagnosing Latex Allergy. Latex allergy should be suspected in anyone who develops certain symptoms after latex exposure, including nasal, eye, or sinus irritation; hives, shortness of breath, coughing, wheezing, or unexplained shock. Any exposed worker who experiences these symptoms should be evaluated by a physician since further exposure could result in a serious allergic reaction. A diagnosis is made by using the results of a medical history, physical examination, and tests. Taking a complete medical history is the first step in diagnosing latex allergy. In addition, blood tests approved by the Food and Drug Administration (FDA) are available to detect latex antibodies. Other diagnostic tools include a standardized glove use test or skin tests that involve scratching or pricking the skin through a drop of liquid containing latex proteins. A positive reaction is shown by itching, swelling, or redness at the test site. No FDA-approved materials are yet available to use in skin testing for latex allergy. Skin testing and glove use tests should be performed only at medical centers with staff who are experienced and equipped to handle severe reactions. Testing is also available to diagnose allergic contact dermatitis. In this FDA approved test, a special patch containing latex additives is applied to the skin and checked over several days. A positive reaction is shown by itching, redness, swelling, or blistering where the patch covered the skin. Occasionally, tests may fail to confirm a worker who has a true allergy to latex or tests may suggest latex allergy in a worker with no clinical symptoms. Therefore, test results must be evaluated by a knowledgeable physician.

c. Treating Latex Allergy. Once a worker becomes allergic to latex, special precautions are needed to prevent exposures during work as well as during medical or dental care. Certain medications may reduce the allergy symptoms, but complete latex avoidance is the most effective approach. Many facilities maintain latex safe areas for affected patients and workers.

4. Other Information About Latex Allergy. Several reasons may exist for the large numbers of latex allergies recently reported in workers:

a. Workers rely increasingly on latex gloves to prevent transmission of human immunodeficiency virus (HIV), hepatitis B virus, and other infectious agents as outlined in the *Recommendations for Prevention of HIV Transmission in Health-Care Settings* [CDC 1987] and in the *Guidelines for Prevention of Transmission of Human Immunodeficiency Virus and Hepatitis B Virus to Health-Care and Public Safety Workers* [CDC 1995].

b. Since 1992, the Occupational Safety and Health Administration (OSHA) has required employers to provide gloves and other protective measures for their employees [29 CFR 1910.1030, Bloodborne pathogens].

c. Some manufacturers may have produced more allergenic gloves by changes in raw materials, processing, or manufacturing procedures to meet the increased demand for latex gloves.

d. Physicians are more familiar with latex allergy and have improved methods for diagnosing it.

5. Recommendations for Prevention of Latex Allergy. The following recommendations for preventing latex allergy in the workplace are based on current knowledge and a common sense approach to minimizing latex related health problems. Adoption of the recommendations, wherever feasible, will contribute to the reduction of exposure and risk for the development of latex allergy.

a. Employers. Latex allergy can be prevented only if employers adopt policies to protect workers from undue latex exposures. The NIOSH recommends employers take the following steps to protect workers from latex exposure and allergy in the workplace:

(1) Provide workers with nonlatex gloves when there is little potential for contact with infectious materials (such as food preparation, routine housekeeping, maintenance, etc.).

(2) Appropriate barrier protection is necessary when handling infectious materials. If latex gloves are chosen, provide reduced protein, powder free gloves to protect workers from infectious materials. The goal of this recommendation is to reduce exposure to allergy causing proteins (antigens). Until well accepted standardized tests are available, total protein (<50mcg protein/gram latex) serves as a useful indicator of the exposure of concern.

(3) Ensure workers use good housekeeping practices to remove latex containing dust from the workplace:

(a) Identify areas contaminated with latex dust for frequent cleaning (upholstery, carpets, ventilation ducts, and plenums).

(b) Ensure workers change ventilation filters and vacuum bags frequently in latex contaminated areas.

(4) Provide workers with education programs and training materials about latex allergy. Training should be documented as required by OSHA, the Joint Commission on Accreditation of Healthcare Organizations or any other regulatory, accreditation, or licensing authorities.

(5) Periodically screen high-risk workers for latex allergy symptoms. Detecting symptoms early and removing symptomatic workers from latex exposure are essential for preventing long-term health effects.

(6) Evaluate current prevention strategies whenever a worker is diagnosed with latex allergy.

b. Workers. To protect themselves from latex exposure and allergy in the workplace, workers should take the following steps:

(1) Use nonlatex gloves for activities that are not likely to involve contact with infectious materials (food preparation, routine housekeeping, maintenance, etc.).

(2) If you choose latex gloves, use powder free gloves with reduced protein content. (Appropriate barrier protection is necessary when handling infectious materials [CDC 1987].)

(a) Such gloves reduce exposures to latex protein and thus reduce the risk of latex allergy (though symptoms may still occur in some workers).

(b) Hypoallergenic latex gloves do not reduce the risk of latex allergy. However, they may reduce reactions to chemical additives in the latex (allergic contact dermatitis). It should be noted the term hypoallergenic is no longer allowed on packaging.

(3) Use appropriate work practices to reduce the chance of reactions to latex:

(a) When wearing latex gloves, do not use oil-based hand creams or lotions, which can cause glove deterioration, unless they have been shown to reduce latex related problems and maintain glove barrier protection.

(b) After removing latex gloves, wash hands with a mild soap and dry thoroughly.

(c) Use good housekeeping practices to remove latex containing dust from the workplace:

1. Frequently clean areas contaminated with latex dust (upholstery, carpets, ventilation ducts, and plenums).

2. Frequently change ventilation filters and vacuum bags used in latex contaminated areas.

(4) Take advantage of all latex allergy education and training provided by your employer:

(a) Become familiar with procedures for preventing latex allergy.

(b) Learn to recognize the symptoms of latex allergy: skin rashes, hives, flushing, itching, nasal, eye, or sinus symptoms, asthma, and shock.

(5) If you develop symptoms of latex allergy, avoid direct contact with latex gloves and other latex containing products until you can see a physician experienced in treating latex allergy.

c. Additional information about latex allergy is available by calling 1-800-356-4674 or visiting the NIOSH web site at: http://www.cdc.gov/niosh/homepage.html.

GUIDELINES FOR PREVENTION OF LATEX ALLERGY AND ADVERSE REACTIONS TO LATEX AMONG PATIENTS

1. Background. Patients in medical and dental care environments may be at risk for developing latex allergy because of preexisting allergic conditions unknown to the health care provider.

2. Types of Reactions to Latex. The following reactions may occur in patients exposed to latex products:

a. Irritant contact dermatitis (not an allergic reaction).

b. Delayed Type IV hypersensitivity.

c. Immediate (Type I) hypersensitivity urticaria/ anaphylaxis.

3. Prevention of Latex Allergy and Adverse Reactions to Latex. The recommendations for preventing latex allergy in the health care setting are based on current knowledge and a common sense approach to minimizing latex related health problems. Adoption of the recommendations, wherever feasible, will contribute to the reduction of exposure and risk for the development of latex allergy and adverse reactions to latex containing products.

4. How to Manage a Latex Allergic Patient. The following is a summary of how to manage a patient diagnosed or suspected to be allergic to latex.

a. The Issue. IgE-mediated anaphylactic reaction in latex sensitized patients on exposure to the latex antigen. Patients at risk are those with prolonged or frequent exposure to latex products, especially:

(1) Patients with neural tube defects (meningomyelocele, spina bifida) and congenital urologic abnormalities.

(2) Health care or other workers with increased exposure to latex, usually in the form of gloves.

b. Objective. The prevention of reactions by providing a latex safe environment, i.e., reducing exposure to latex products whenever possible.

c. For Patients Having Surgery

(1) History. Take a careful history for patients at risk, particularly those with coexisting atopy or multiple allergies. Ask for a history of balloon or glove intolerance and allergies to medical products used in chronic care, e.g., catheters.

(2) Diagnostic Tests. Routine diagnostic testing in the at risk population is not recommended for those with a positive history. Tests available are:

(a) Skin prick test. Less sensitive than intradermal test, but more sensitive than Radioallergosorbent test (RAST).

(b) RAST. An in vitro test for IgE antibodies in the patient's serum. This test is positive in 65-95 percent of cases.

d. Medic-Alert Bracelet. Patients who are confirmed allergic should wear a Medic-Alert bracelet at all times.

e. Preoperative Medications. The use of routine preoperative H1, H2 blockers, and steroids is controversial, and not necessarily indicated.

f. Scheduling. Whenever possible, the patient should be scheduled as the first case of the day since latex is an aeroallergen and present in the operating room environment for at least an hour after the use of powdered latex gloves.

g. Anesthesia Equipment. A special latex allergy cart should be made available. Suggested items include:

(1) Glass syringes (unless latex-free plastic syringes are available).

(2) Drugs in latex-free vials.

(3) IV tubing without latex injection ports.

(4) Neoprene anesthesia machine reservoir bags.

(5) Webril or equivalent product as a barrier between rubber containing items and the skin.

(6) Neoprene or other nonlatex sterile gloves.

(7) Ambu, Laerdal, or other resuscitation bags with silicone rather than latex rubber valves.

(8) The sleeve on most fiberoptic bronchoscopes is nonlatex.

(9) The esophageal stethoscope does not usually contain latex.

(10) The plunger in the translaryngeal lidocaine (LaryngoJet, LTA) kit is latex.

(11) The cuff on the laryngeal mask airway is nonlatex (silicone).

h. Surgical Equipment. Many surgical items are latex, and substitutes should be available for use. These include:

(1) Drains (e.g., Penrose).

(2) Urinary catheters.

(3) Instrument mats.

(4) Rubber shod clamps.

(5) Vascular tags.

(6) Bulb syringes for irrigation.

(7) Rubber bands.

i. Afternoon Before Surgery

(1) Check latex allergy cart for supplies.

(2) Call pharmacy to ascertain whether routine and nonroutine drugs are available in vials or ampules that do not contain latex.

(3) Ensure operating room nurses on service have been notified. No latex gloves should come into contact with the patient. Nonlatex exam gloves and sterile gloves must be obtained.

j. Anesthesia Setup and Care

(1) Setup a regular circuit on the anesthesia machine and use a nonlatex reservoir bag. Use plastic masks (adult or pediatric).

(2) Draw up drugs in glass or nonlatex containing syringes. Wherever possible, do not draw up drugs from multi-dose, latex stoppered vials. Where there is no alternative, rubber stoppers can be popped and the drug drawn up in a nonlatex containing syringe.

(3) Ensure epinephrine is available.

(4) Setup IV infusion with one or two, three-way stopcocks and no injection ports. (Alternatively tape all injection ports over and do not use.)

(5) Avoid latex containing blood pressure cuffs or tourniquets if possible. Use Webril (or other suitable padding) under a rubber tourniquet if necessary for IV placement.

(6) Teflon IV catheters can be used safely (e.g., Angiocath).

(7) Latex allergy should not alter your choice of anesthetic technique. There are no drugs that are specifically contraindicated.

(8) Place a sign on the operating room door indicating the patient is allergic to latex.

(9) Remind the surgical service staff of these precautions.

k. Diagnosis of Latex Anaphylaxis. Anaphylaxis has been reported even in patients pretreated with H1, H2 blockers, and steroids and managed in a latex-free environment. Always be prepared to treat a latex allergy.

(1) Onset is generally 20 to 60 minutes after exposure to the antigen.

(2) Anaphylaxis presents with the clinical triad of: hypotension, rash, and bronchospasm. Hypotension is the most

common sign. A rash is not always seen. Serum mast cell tryptase levels are high during an episode and up to 4 hours after. Complement C3 and C4 done at 30 minutes, 1 and 4 hours postepisode will show a serial increase. Take blood in an EDTA tube. These tests will help confirm the diagnosis of anaphylaxis, but do not identify latex as the antigen. Results will not be immediately available.

1. Treatment of Latex Anaphylaxis

(1) Primary Treatment

(a) Stop contact with latex (usually gloves or catheters).

(b) Maintain airway and administer 100 percent oxygen.

(c) Discontinue all anesthetic agents.

(d) Restore intravascular volume with crystalloid. Ensure adequate IV access.

(e) The pharmacological cornerstone of treatment is epinephrine. Epinephrine, in adequate doses, is crucial for the successful treatment of anaphylaxis. A characteristic of anaphylaxis is the failure to respond to vasopressors other than epinephrine. Start with a dose of 10 ug, or 0.1 ug/kg and escalate rapidly to higher doses depending on the response. If an IV has not been established, epinephrine can be given subcutaneously, in doses larger than would be administered intravenously (300-500 ug or more).

Note: The dose used initially for hypotension is not the same as in cardiovascular collapse or cardiac arrest. Large doses may ultimately be necessary, but starting with 1 mg epinephrine may cause life-threatening hypertension, myocardial ischemia, and stroke.

(2) Secondary treatment may include the following:

(a) Corticosteroids (0.25-1 g hydrocortisone or 1-2 g methylprednisolone).

(b) Antihistamines (0.5-1 mg/kg diphenhydramine [Benadryl]).

(c) Catecholamine infusions (epinephrine 2-4 ug/min or more).

(d) Aminophylline (5-6 mg/kg over 20 minutes for persistent bronchospasm).

(e) Sodium bicarbonate (0.5-1 mEq/kg for persistent hypotension with acidosis).

(f) Airway evaluation (before extubation).

5. Other General Guidelines

a. Patient. Health care providers must ensure all patients are properly educated and ensure preoperative patients are screened for latex allergy.

(1) If a patient has a documented latex allergy, ensure that "latex allergy" is noted on the inpatient and outpatient records, and entered into the Composite Healthcare System (CHCS) profile. Arrange for a latex-free environment.

(2) Refer patients with positive screening to the allergy clinic.

b. Staff

(1) Use only nonlatex gloves and other products on latex-allergic patients and on patients with spina bifida.

(2) Use, to the greatest extent possible, the most clinically appropriate of the following options in other patient care settings:

(a) Use nonlatex exam gloves if not likely to involve contact with infectious materials.

(b) Use exam gloves that are powder free for contact with infectious materials.

(c) Use nonlatex sterile gloves.

(d) Use nonpowdered, low allergen sterile latex gloves.

(3) Report any adverse reaction they may have to latex products.

c. Allergy Clinic. Evaluate patients or staff members who have been identified as potentially latex allergic. For those patients and staff members who are latex allergic, ensure latex allergy is noted in the health or outpatient record and entered into the CHCS allergy profile.

d. Emergency Department, Critical Care Units, Operating Room, Labor and Delivery, and General Stores Division. Consider feasibility of placing a latex-free cart in these areas.

e. Occupational Medicine/Occupational Health, Military Health Centers, and Branch Clinics. Ensure all staff are screened using enclosure (4).

(1) Ensure any latex allergies are noted in the health record and entered into the CHCS allergy profile.

(2) If a member has a positive screening questionnaire, refer them to the allergy clinic.

LATEX PRODUCT MANAGEMENT GUIDELINES AND SUBSTITUTES

1. Latex Rubber Products and Substitutes

Products	Latex	Substitute
Infant Supplies	Pacifiers or feeding nipples	Silicone products
Clothing	Elastic fabric, diapers, underwear	Many elastic fabrics are not rubber (such as "Spandex" or "Lycra"), but elastic webbing often contains rubber.
Cleaning	Cleaning gloves	Nitrile, neoprene, vinyl, or copolymer gloves.
Furnishings	Rubber mats, carpet backing, or foam rubber	Most foam rubber is foam polyurethane and will not cause problems.
Medical Products	Male and female condoms, diaphragms, medical gloves, bandages, first aid tape	Synthetic rubber or natural membrane condoms; nitrile, neoprene, vinyl, or copolymer gloves; only some brands contain rubber.

Note:

(1) It is nearly impossible to list every latex containing consumer product. The allergenicity of latex products can be reduced by washing a product thoroughly with soap and water. The product should be soaked in a large amount of water for several minutes. Wiping the surface with a damp rag is not sufficient to remove chemicals. Clothing which might contain latex elastic should be laundered before use. Latex gloves should not be washed before being used.

(2) Natural membrane condoms may provide protection against pregnancy and many common sexually transmitted diseases (STDs). However, they may not provide as much protection against certain STDs, including AIDS and hepatitis, as latex condoms. Some female condoms are latex, those labeled "polyurethane" do not contain latex.

2. Suggested Inventory of Products for Treatment of Latex Sensitized Patients. A latex-free cart should be available for management of a latex allergic patient containing the following products as a minimum:

a. Laminated sign "LATEX ALLERGIC PATIENT" for patient room.

b. Latex-free syringes, all sizes.

c. Latex-free angiocaths, all sizes.

d. Latex-free tourniquets.

e. Latex-free exam gloves, multiple sizes.

f. Latex-free sterile surgical gloves, multiple sizes.

g. Silicone Foley catheters, multiple sizes.

h. Latex-free face masks, multiple sizes.

i. Latex-free ambu bags, multiple sizes.

j. Latex-free oxygen tubing.

k. Latex-free nasopharyngeal airways, multiple sizes.

l. Latex-free nasogastric tubes, multiple sizes.

m. Latex-free ET tube suction cannulae.

SAMPLE LATEX ALLERGY SCREENING QUESTIONNAIRE

Name: _____ SSN: _____

Department: _____

Position: _____ Duty Telephone: _____

Male/Female (circle one)

(Note: Allergic symptoms may include sneezing, runny nose, hand rash, wheezing, eczema, hives, hypotension, anaphylaxis, etc.)

1. Do you have regular contact with latex gloves or other rubber products? Yes/No

2. Indicate whether you have a history of any symptom or side effects after eating any of the following:

    a. Avocado, banana, potato, tomato, chestnut, kiwi? Yes/No

    b. Any other plants? Yes/No

3. Have you ever had any side effects associated with exposure to latex gloves or any other product containing rubber or latex (e.g., balloons, condoms, etc.)? Yes/No

4. Have you ever had frequent dental procedures or any medical condition or problem that resulted in multiple operations or chronic medical instrumentation, such as urinary catheterization? Yes/No

5. Have you ever experienced hay fever, eczema, anaphylaxis, hives, or symptoms of asthma? Yes/No

6. Have you ever experienced any allergic reaction to anything not included in any of the questions above? Yes/No

7. If yes to any allergic reaction, specify the cause(s), if known.

    a. Enter unknown, if not.

    b. Enter none, if entire allergy history is negative.